M

06512

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 260

| | |
|---|---|
| 1. PLACE OF DEATH: COUNTY Somerset MARYLAND | 2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Somerset |
| CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Vernon — LENGTH OF STAY (in this place) 77 years | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Vernon, Pr. Anne, rural 2 |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS | STREET ADDRESS (If rural, give location) |

| | | | | | |
|---|---|---|---|---|---|
| 3. NAME OF DECEASED (Type or Print) | (First) Carrie | (Middle) Keziah | (Last) Bounds | 4. DATE OF DEATH | (Month) June (Day) 10 (Year) 1950 |
| 5. SEX female | 6. COLOR OR RACE white | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed | 8. DATE OF BIRTH july, 1, 1872 | 9. AGE last birthday 77 yrs. | If under 1 year Months. Days; If under 24 hrs. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none | 10b. KIND OF BUSINESS OR INDUSTRY none | 11. BIRTHPLACE (State or foreign country) Maryland | 12. CITIZEN OF WHAT COUNTRY U.S.A. | | |
| 13. FATHER'S NAME Coloumbus McIntyre | | 14. MOTHER'S MAIDEN NAME Alphonsie Bounds | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service) no | 16. SOCIAL SECURITY NO. no | 17. INFORMANT Mr Joseph Bounds Pr. Anne, Md | | | |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Myocardial Failure — 5 days

450.0 Antecedent cause(s)

50 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized Arterial Sclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma Rt. Breast — 1 yr.

| | | |
|---|---|---|
| 19a. DATE OF OPERATION 10/11/49 | 19b. MAJOR FINDINGS OF OPERATION Carcinoma Breast | 20. AUTOPSY? Yes ☐ No ☒ |
| 21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE) | |
| TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |

22. I hereby certify that I attended the deceased from 9/30, 1940, to 7/10, 1950, that I last saw the deceased alive on 7/9, 1950, and that death occurred at 6 20 A m., from the causes and on the date stated above.

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| Thos. B Wheeley | MD | Princess Anne Md | 6/12/50 |

| | | | |
|---|---|---|---|
| 23. BURIAL, CREMATION REMOVAL (Specify) burial | DATE 6-12-1950 | NAME OF CEMETERY OR CREMATORY Grace Church Cemetery | LOCATION (City, town, or county) (State) Mt. Vernon, Md |
| DATE REC'D BY LOCAL REG. 6/12/50 | REGISTRAR'S SIGNATURE R. H. Johnson, M.D. | 24. FUNERAL DIRECTOR Levin R. Wilson | ADDRESS Princess Anne, Md |

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VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUN 14 1950
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06513

# CERTIFICATE OF DEATH

Reg. Dist. No. 28

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Somerset — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Deal Island — LENGTH OF STAY (In this place) 20 yr
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Deal Islands Rfd
STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED (Type or Print): (First) Laura (Middle) Francis (Last) Bozman

4. DATE OF DEATH: (Month) June (Day) 28 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: April 25-1879

9. AGE last birthday: 71 yrs. — If under 1 year: Months — Days — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY: Housedater

11. BIRTHPLACE (State or foreign country): Monie Md

12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: Nehemiah Jones

14. MOTHER'S MAIDEN NAME: Adeline Bozman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Mrs Wilbur Bozman

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Myocardial failure

444X

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension

102

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 5., 1950, to June 25, 1950, that I last saw the deceased alive on June 5, 1950, and that death occurred at 2 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Hen. B Wheatley M.D. Princess Anne Md. 6/30/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: June 30-50 — NAME OF CEMETERY OR CREMATORY: St Johns M.E. — LOCATION (City, town, or county) (State): Deal Island Md

DATE REC'D BY LOCAL REG. 6/30/50 — REGISTRAR'S SIGNATURE: Lela T. Wheatley — 24. FUNERAL DIRECTOR: W. H. Webster — ADDRESS: Deal Islands Md

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JUL 12 1950
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

06514
262
Reg. Dist. No. 350

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

**1. PLACE OF DEATH**
COUNTY: Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Pocomoke - Rural
LENGTH OF STAY (in this place): MARYLAND
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Home

**2. USUAL RESIDENCE (HOME) OF DECEASED**
STATE: Maryland
COUNTY: Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Pocomoke City Maryland
STREET ADDRESS (If rural give location): Box 62 R.F.D.

**3. NAME OF DECEASED** (Type or Print): (First) Samuel (Middle) Henry (Last) Dennie

**4. DATE OF DEATH**: (Month) 6 (Day) 25 (Year) 19 50

**5. SEX**: Male

**6. COLOR OR RACE**: Col.

**7. SINGLE, MARRIED, WIDOWED, DIVORCED** (Specify): Married

**8. DATE OF BIRTH**: Jan. 31, 1876

**9. AGE last birthday**: 74 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Disable

**10b. KIND OF BUSINESS OR INDUSTRY**: —

**11. BIRTHPLACE** (State or foreign country): St. James, Md.

**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

**13. FATHER'S NAME**: Samuel Henry Dennie Sr.

**14. MOTHER'S MAIDEN NAME**: Mary Venson

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, No, or unknown) No. (If year, give war or dates of service)

**16. SOCIAL SECURITY NO.**: None

**17. INFORMANT**: Alice Cropper

**18. MEDICAL CERTIFICATION**

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage — Interval between onset and death: 2 days.

420.0 Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteria - sclerotic Heart Dis. — Yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

**19a. DATE OF OPERATION**: No

**19b. MAJOR FINDINGS OF OPERATION**

**20. AUTOPSY?** Yes ☐ No ☑

**21. ACCIDENT / SUICIDE / HOMICIDE** (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1948, 19..., to June 25, 1950, that I last saw the deceased alive on June 25, 1950, and that death occurred at 8:10 P. m., from the causes and on the date stated above.

SIGNATURE: Louis L. Llewelyn (Degree or title) M.D. ADDRESS: Pocomoke City, Md. DATE SIGNED: 6/26/50

**23. BURIAL, CREMATION, REMOVAL** (Specify): Burial

DATE: 6/29/50

NAME OF CEMETERY OR CREMATORY: St. James Cemetery

LOCATION (City, town, or county) (State): Pocomoke City, Md.

DATE REC'D BY LOCAL REG.: June 28, 1950

REGISTRAR'S SIGNATURE: Anne E. White (Mrs. Clayton Davis)

24. FUNERAL DIRECTOR: Booker M. West ADDRESS: Salisbury, Md.

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RECEIVED
JUN 29 1959
BUREAU A

06515

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 265

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS A15

1. PLACE OF DEATH: COUNTY Somerset — MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 330 Locust St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Somerset; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield; STREET ADDRESS (If rural, give location) 330 Locust St.

3. NAME OF DECEASED (Type or Print): (First) Baby (Middle) girl (Last) Evans

4. DATE OF DEATH: (Month) June (Day) 21 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: June 21, 1950

9. AGE last birthday: yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Somerset Co. Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Herman Monroe Horsey

14. MOTHER'S MAIDEN NAME: Elsie Lee Evans

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Elsie Evans — Crisfield, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Premature infant 5½ months

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) survived 2 hrs.

776 X
159

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 21, 1950, to June 21, 1950, that I last saw the deceased alive on June 21, 1950, and that death occurred at 11 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

C. G. Rawley M.D. Crisfield, Md.

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: 6/21/50

NAME OF CEMETERY OR CREMATORY: Lawsonia Cemetery

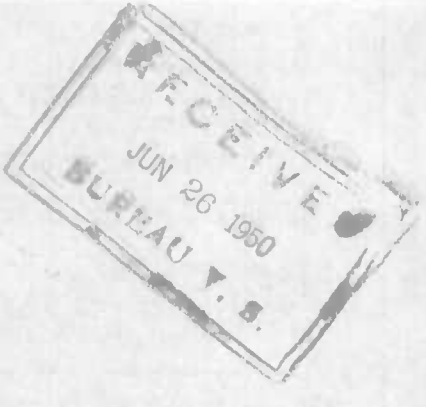
LOCATION (City, town, or county) (State): Crisfield, Somerset, Md.

DATE REC'D BY LOCAL REG. 6/21/50

REGISTRAR'S SIGNATURE: Betty W. Tyler

24. FUNERAL DIRECTOR ADDRESS: Herman Monroe Horsey — Crisfield, Md

1-0-6-21-0 - 19-2-25-V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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

06516

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 265

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Somerset — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS ~~XXXXXXXXX~~ McCready Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland Somerset COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
STREET ADDRESS (If rural, give location) Paper St.

3. NAME OF DECEASED (Type or Print): (First) BERTHA (Middle) LEE (Last) HARMON
4. DATE OF DEATH (Month) (Day) (Year): 6/28/1950 19

5. SEX: Female
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 12/18/1930
9. AGE last birthday: 19 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): crab picker
10b. KIND OF BUSINESS OR INDUSTRY: Seafood Industry
11. BIRTHPLACE (State or foreign country): Crisfield, Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Tobe Harmon
14. MOTHER'S MAIDEN NAME: Daisy Stevenson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Tobe Harmon--Paper St., Crisfield

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

645.1 **Immediate cause** (a) Hematogenic shock — 36 hrs

**Antecedent cause(s)**

142 b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Tubal pregnancy, approx 1½ mos

(c) Bilateral salpingitis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: June 27, 1950
19b. MAJOR FINDINGS OF OPERATION: Ruptured Tubal pregnancy, right. Bilateral Salpingitis
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 26th, 1950, to June 28, 1950, that I last saw the deceased alive on June 27th, 1950, and that death occurred at 7.05 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Alberta Malcarney Mattax M.D. Crisfield, Maryland

23. BURIAL, CREMATION, REMOVAL (Specify): burial
DATE: 7/1/1950
NAME OF CEMETERY OR CREMATORY: Lawsonia Cemetery
LOCATION (City, town, or county) (State): Crisfield, Maryland

DATE REC'D BY LOCAL REG. 7/1/50
REGISTRAR'S SIGNATURE: Betty W. Tyler
24. FUNERAL DIRECTOR ADDRESS: Bradshaw Funeral Parlors, Crisfield

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JUL 10 1980
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06517

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH: COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Deal Island
LENGTH OF STAY (in this place) 57 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Deal Island
STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED (Type or Print) (First) Eunice (Middle) N. (Last) Jones

4. DATE OF DEATH (Month) June (Day) 25 (Year) 1950

5. SEX Fe

6. COLOR OR RACE Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH Jan. 9 1893

9. AGE last birthday 57 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY —

11. BIRTHPLACE (State or foreign country) Deal Island.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME William Elmer Harris

14. MOTHER'S MAIDEN NAME Mollie Elizabeth Milbourne

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) No.

16. SOCIAL SECURITY NO.

17. INFORMANT Thelma Robinson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Haemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 10 hours

331X Antecedent cause(s)

83a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 10th 1950 to June 25th 1950 that I last saw the deceased alive on June 25 1950, and that death occurred at 4:00 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Eldon G. Marsman, M.D. ADDRESS Princess Anne, Md. DATE SIGNED 6.26.50

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE June 28, 1950 NAME OF CEMETERY OR CREMATORY John Wesley LOCATION (City, town, or county) Deal Island Som. (State) Md.

DATE REC'D BY LOCAL REG. 6/28/50 REGISTRAR'S SIGNATURE R. H. Johnson, M.D. gd.

24. FUNERAL DIRECTOR Charles H. Ward ADDRESS Marion Sta., Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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RECEIVED
JUN 29 1950
BUREAU V. E

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06518

# CERTIFICATE OF DEATH

Reg. Dist. No. 265

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 246

1. PLACE OF DEATH: COUNTY Somerset; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield; MARYLAND; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS McCready Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Somerset; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield; STREET ADDRESS (If rural, give location) 218 Broadway

3. NAME OF DECEASED (Type or Print): (First) Mabele; (Middle) Dize; (Last) Landon

4. DATE OF DEATH: (Month) June; (Day) 1; (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Feb. 9, 1923

9. AGE last birthday: 27 yrs.; If under 1 year: Months 3, Days 22; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Hand worker

10b. KIND OF BUSINESS OR INDUSTRY: Tar Bakery

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Leroy Creston Dize

14. MOTHER'S MAIDEN NAME: Rose V. Evans

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Curtis Landon

## 18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Embolii — Interval Between Onset and Death: 10 hrs

687X Antecedent cause(s)

147d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Pregnancy — 9 months

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: May 31 50

19b. MAJOR FINDINGS OF OPERATION: Mid froys dem of Fund Uteri

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): no

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY: (Month) (Day) (Year) (Hour): none m.

INJURY OCCURRED: While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? none

22. I hereby certify that I attended the deceased from May 30, 1950, to June 1, 1950, that I last saw the deceased alive on June 1, 1950, and that death occurred at 4.90A m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Geo. C. Coulbourn M.D — ADDRESS: Marion Sta Md — DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: June 4, 1950 — NAME OF CEMETERY OR CREMATORY: Crisfield Cemetery — LOCATION (City, town, or county) (State): Crisfield, Maryland

DATE REC'D BY LOCAL REG.: June 2, 1950 — REGISTRAR'S SIGNATURE: Betty Marley

24. FUNERAL DIRECTOR — ADDRESS: Winchard L. Covington - Crisfield, Md

496 XV

RECEIVED
JUN 8 1950
BUREAU F. S.

06519

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH: COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fairmount
LENGTH OF STAY (in this place) 87 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fairmount
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) William (Middle) Smith (Last) Lankford

4. DATE OF DEATH (Month) June (Day) 20 (Year) 1950

5. SEX male

6. COLOR OR RACE white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH Apr. 17, 1863

9. AGE last birthday 87 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm Loborer

10b. KIND OF BUSINESS OR INDUSTRY Loborer

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Notknow

14. MOTHER'S MAIDEN NAME Notknow

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT Mr Earl Warwick Pr. Anne, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Valvula Heart

421.4 Antecedent cause(s)

92d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic Arthritis

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Two or 3 years 19....., that I last saw the deceased alive on June 20 1950, and that death occurred at 5 3/8 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) [signature] ADDRESS Princess Anne DATE SIGNED [signature]

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE 6-22-1950

NAME OF CEMETERY OR CREMATORY Fairmount Cemetery

LOCATION (City, town, or county) Fairmount, Maryland (State)

DATE REC'D BY LOCAL REG. 6/22/50

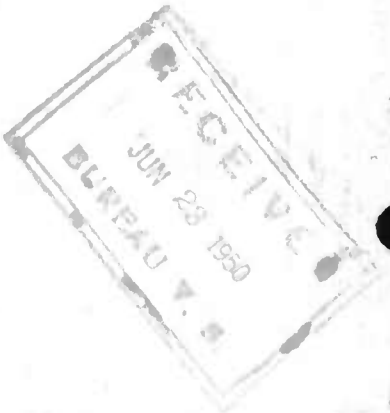
REGISTRAR'S SIGNATURE R. S. Johnson, M.D. 2d

24. FUNERAL DIRECTOR Lewis R. Wilson ADDRESS Princess Anne Md. 866 VV

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15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JUN 23 1950
BUREAU

06520

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 261

1. PLACE OF DEATH: COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN (Rural) Rehobeth
LENGTH OF STAY (in this place) Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland -. COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN (Rural) Rehobeth
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) GEORGE (Middle) WASHINGTON (Last) RIGGIN

4. DATE OF DEATH (Month) June (Day) 29, (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 10/30/1883
9. AGE last birthday 66 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer owner
10b. KIND OF BUSINESS OR INDUSTRY Truck
11. BIRTHPLACE (State or foreign country) Kingston, Maryland
12. CITIZEN OF WHAT COUNTRY U.S.A.

13. FATHER'S NAME George Riggin
14. MOTHER'S MAIDEN NAME Caroline Adams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT Mrs. Carl Green

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

835.1 Immediate cause (a) Carbon Monoxide hemoglobin 45%

178 b Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION none
19b. MAJOR FINDINGS OF OPERATION none
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT ✓ SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Farm (CITY OR TOWN) Rehobeth (COUNTY) Somerset (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) June 29, 1950 m.
INJURY OCCURRED While at Work ☑ Not While At work ☐
HOW DID INJURY OCCUR? while in truck, was overcome.

22. I hereby certify that I attended the deceased from ....., 19....., to June 29, 1950, that I last saw the deceased alive on Dead on my Arrival, 19....., and that death occurred at 1:00 P m., from the causes and on the date stated above.

SIGNATURE George C. Coulbourn M D (Degree or title) Acting Deputy ADDRESS Marion Marion DATE SIGNED Md 7/1/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF July 2, 1950
NAME OF CEMETERY OR CREMATORY Rehobeth Presbyterian
LOCATION (City, town, or county) Rehobeth, Maryland (State)

DATE REC'D BY LOCAL REG. 7/1/50
REGISTRAR'S SIGNATURE Betty Massey
24. FUNERAL DIRECTOR Bradshaw Funeral Parlors, ADDRESS Crisfield

000VV

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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JUL 10 1950
BUREAU T. S.

06521

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH: COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sackertown, Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
STREET ADDRESS (If rural, give location) Sackertown Rd.

3. NAME OF DECEASED (Type or Print) (First) William (Middle) McGee (Last) Riggin

4. DATE OF DEATH (Month) June (Day) 27 (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widower
8. DATE OF BIRTH Jan 29 1866
9. AGE last birthday 84 yrs. If under 1 year: Months 4, Days 28; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Insurance Salesman
10b. KIND OF BUSINESS OR INDUSTRY Insurance
11. BIRTHPLACE (State or foreign country) Crisfield, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John W. Riggin
14. MOTHER'S MAIDEN NAME Mary E. Roe

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Pauline Riggin, Crisfield, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|---|
| 422.2 | Immediate cause | (a) Chronic vegetation | 2 years |
| 93d | Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Prostatism (Prostatism) | 1 1/2 years |
| | | (c) | |

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 22, 1950, to June 27, 1950, that I last saw the deceased alive on Jan 21, 1950, and that death occurred at 6 of 12 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) C. J. Somers ADDRESS Crisfield Md DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE June 29, 1950
NAME OF CEMETERY OR CREMATORY Sunny Ridge
LOCATION (City, town, or county) (State) Crisfield, Md.

DATE REC'D BY LOCAL REG. 6-29-50
REGISTRAR'S SIGNATURE Betty W. Tyler
24. FUNERAL DIRECTOR Durward L. Covington ADDRESS Crisfield, Md.

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MARYLAND STATE DEPARTMENT OF HEALTH

06522

# CERTIFICATE OF DEATH

## FOR MEDICAL EXAMINERS

Reg. Dist. No. 160

1. PLACE OF DEATH: COUNTY Somerset; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Princess Anne; MARYLAND; LENGTH OF STAY (in this place) 7 Mos.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Route 13 - Main St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Illinois; COUNTY Cook; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chicago, Illinois; STREET ADDRESS (If rural, give location) 312 E. 41 St. 5 Street

3. NAME OF DECEASED (Type or Print): (First) Wanda; (Middle) —; (Last) Sherenry

4. DATE OF DEATH: (Month) June; (Day) 3; (Year) 1950

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: Nov. 28 1929

9. AGE last birthday: 20 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None (Student)

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Missouri

12. CITIZEN OF WHAT COUNTRY: U.S.A

13. FATHER'S NAME: Johnny Sherenry

14. MOTHER'S MAIDEN NAME: Violet Seerrell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Johnny Sherenry

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

8251.5 **Immediate cause** (a) Broken Neck & Crushed Chest — INTERVAL BETWEEN ONSET AND DEATH

1700 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) —

(c) —

HENRY M. LANKFORD, M.D.
Deputy Medical Examiner
for Somerset County

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Route 13 (CITY OR TOWN) Princess Anne (COUNTY) Somerset (STATE) Md.

TIME OF INJURY (Month) (Day) (Year) (Hour) June 3 1950 3:45 P.M. INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR? Automobile accident

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Henry M. Lankford (Degree or title) M.D. ADDRESS Princess Anne Md. DATE SIGNED 6/3/50

23. BURIAL, CREMATION, REMOVAL (Specify) Burial; DATE THEREOF June 6, 1950; NAME OF CEMETERY OR CREMATORY St. Mary's Cemetery; LOCATION (City, town, or county) Chicago, Illinois (State)

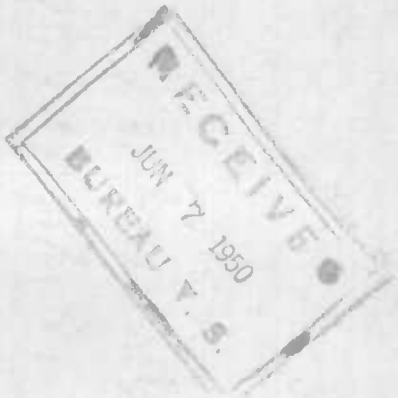
DATE REC'D BY LOCAL REG. 6/3/50; REGISTRAR'S SIGNATURE R. E. Johnson, M.D. gd.

24. FUNERAL DIRECTOR Wilson Funeral Home, Princess Anne, Md. Levin R. Wilson; ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06523

# CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH: COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Lawsonia Section

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
STREET ADDRESS (If rural, give location) Lawsonia Section

3. NAME OF DECEASED (Type or Print) (First) SARAH (Middle) JANE (Last) STERLING

4. DATE OF DEATH (Month) 6/14/1950 (Day) (Year) 19

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married

8. DATE OF BIRTH Nov. 12, 1886

9. AGE last birthday 63 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife

10b. KIND OF BUSINESS OR INDUSTRY Domestic

11. BIRTHPLACE (State or foreign country) Crisfield, Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Luther Sterling

14. MOTHER'S MAIDEN NAME Mary Ellen Sterling

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS Carl Sterling--Lawsonia Section Crisfield, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Acute myocardial failure Cardiac infarction | 3 wks |
| Antecedent cause(s) | | |
| Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Coronary thrombosis | 1 yrs. |
| | (c) Hypertension | 2 yrs. |

420.1

94a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 5, 1950, to June 14, 1950, that I last saw the deceased alive on June 14, 1950, and that death occurred at 7:15 P.m., from the causes and on the date stated above.

SIGNATURE Sarah M. Peyton (Degree or title) M.D. ADDRESS Crisfield, Md. DATE SIGNED June 15, 1950

23. BURIAL, CREMATION REMOVAL (Specify) burial

DATE 6/16/1950

NAME OF CEMETERY OR CREMATORY Asbury Cemetery

LOCATION (City, town, or county) (State) Crisfield, Maryland

DATE REC'D BY LOCAL REG. 6/15/50

REGISTRAR'S SIGNATURE Betty W. Tyler

24. FUNERAL DIRECTOR Bradshaw Funeral Parlors, ADDRESS Crisfield

RECEIVED
JUN 19 1950
BUREAU V. S.

06524

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH — COUNTY: Somerset — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Crisfield
LENGTH OF STAY (in this place): life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Jersey Section

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland Somerset COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Crisfield
STREET ADDRESS (If rural, give location): Jersey Section

3. NAME OF DECEASED (Type or Print): (First) ALDON (Middle) NOAH (Last) WARD
4. DATE OF DEATH: (Month) 6/5/1950 (Day) (Year) 19

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 4/3/1894
9. AGE last birthday: 56 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): proprietor
10b. KIND OF BUSINESS OR INDUSTRY: Resturant
11. BIRTHPLACE (State or foreign country): Crisfield, Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Charles T. Ward
14. MOTHER'S MAIDEN NAME: Laura V. Ward

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS: Norris Ward --Jacksonville Section, Crisfield, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Coronary Disease

Antecedent cause(s)

94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Found dead on floor in

(c) place of business

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒ no

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from dead when I saw the body, 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at about 3a m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Coronor — ADDRESS Mrs — DATE SIGNED Crisfield Md

23. BURIAL, CREMATION REMOVAL (Specify): burial
DATE: 6/7/1950
NAME OF CEMETERY OR CREMATORY: Crisfield Cemetery
LOCATION (City, town, or county) (State): Crisfield, Md.

DATE REC'D BY LOCAL REG.: 6/7/50
REGISTRAR'S SIGNATURE: Betty W. Tyler
24. FUNERAL DIRECTOR — ADDRESS: Bradshaw Funeral Parlors, Crisfield

15671

M

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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